

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement of \$5,083.93 for date of service 02/28/01.
 - b. The request was received on 02/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)-1450
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. EOB/Payment Screen
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file does not contain a Notice of Medical Dispute carrier sign sheet nor a 14 day response for additional information from the provider. TWCC sent the provider a request for additional information on 06/11/02. There is a carrier response dated 03/26/02 in the Commission case file. All information in the case file will be reviewed in determining the disposition of the request for medical dispute resolution.
4. Notice of Request for additional information from provider dated 06/11/02 is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: TWCC 60:

"Facility does not have an EOB for this date of service. Despite a request for reconsideration, no payment exception code has been designated for denied payment."

2. Respondent: Letter dated 03/18/02:
“1. HCP billed \$5,093.93 for date of service February 28, 2001. The bill was reviewed and payment and EOB for \$3,984.13 was sent on January 7, 2002. According to the Carrier’s records the HCP cashed the check number 0024751371 and the check clear [sic] the bank on January 15, 2002...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 02/28/01.
2. Per the TWCC 60 submitted with the initial request for medical dispute resolution dated 02/26/02, the provider billed \$5,083.93 and the carrier did not reimburse any of the billed monies. The provider’s amount in dispute, according to the TWCC 60, is the total amount billed, \$5,083.93.
3. The provider states on the initial TWCC 60, that there have been no EOB(s) submitted for the denied payment for the disputed date of service, 02/28/01. In the carrier’s response, the carrier submitted a payment screen and an EOB indicating payment was made on 01/07/02 with the check clearing the bank on 01/15/02. The check number is 0024751371 for payment in the amount of \$3,984.13. The payment screen included the bank number, the bank account number, the payment control number, and the payment status. Therefore, the correct amount in dispute is \$1,099.80.
4. The carrier payment was based on reasonable reimbursement for services was paid.

V. RATIONALE

Medical Review Division's rationale:

The provider did not submit EOB(s) in the initial request for medical dispute resolution. The carrier stated that an EOB was submitted to the provider on 01/07/02 with the payment of \$3,984.13. In accordance with Rule 133.307 (e) (1) (B), “a copy of each explanation of benefits (EOB)...or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB... The provider failed to submit an EOB with the initial request for medical dispute.

Rule 133.307 (g) (3) states, “If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The provider failed to respond to TWCC’s request for additional information request dated 06/11/02.

The provider failed to submit supporting medical documentation to indicate that the services were rendered as billed per Rule 133.1 (a) (3) (D), “contains supporting documentation when such documentation is specifically required by Commission rules or guidelines...”, Rule 133.307 (g) (3) (A) indicates the additional information shall include:...” a copy of pertinent medical records or other documents relevant to the fee dispute.”

MDR: M4-02-2160-01

The provider failed to meet the referenced rules, therefore, no reimbursement is recommended.

The above Findings and Decision are hereby issued this 7th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

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